

CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
DIVISION ON DOMESTIC VIOLENCE  
COUNSELING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE  
2021 SCOPE OF SERVICES

SECTION ONE – GENERAL INFORMATION

DELEGATE INFORMATION	
Delegate Agency Name	
Project Name	
Website address	
2021 Award Amount	
2021 P.O. Number	
Executive Director Name	
Executive Director Mailing Address	
Executive Director Phone	
Executive Director Email	
Program Contact Name	
Program Contact Mailing Address	
Program Contact Phone	
Program Contact Email	
Fiscal Contact Name	
Fiscal Contact Phone	
Fiscal Contact Email	
Board of Directors Chairperson	
Address	
Phone	
Email	

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<b>Program Location/Site (List All Site Locations where services listed on the Scope of Services are performed)</b>	
<b>MAIN LOCATION</b>	
Address	
Phone	
Ward where this site is located	
Community Area where this site is located	
Clients seen at this location come from the following wards:	
Clients seen at this location come from the following community areas:	
Program Service Hours:	
Estimated number of work plan clients seen at this location	
Estimated amount of contract award allocated to this location	
PO# (please indicate PO on each page)	

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2ND LOCATION	
Address	
Phone	
Ward where this site is located	
Community Area where this site is located	
Clients seen at this location come from the following wards:	
Clients seen at this location come from the following community areas:	
Program Service Hours:	
Estimated number of work plan clients seen at this location	
Estimated amount of contract award allocated to this location	
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3rd LOCATION	
Address	
Phone	
Ward where this site is located	
Community Area where this site is located	
Clients seen at this location come from the following wards:	
Clients seen at this location come from the following community areas:	
Program Service Hours:	
Estimated number of work plan clients seen at this location	
Estimated amount of contract award allocated to this location	
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Projected total number of enrolled clients in 2021 (new + carryover)	
List all languages in which domestic violence services are offered	
What specialized populations do you serve? (neighborhood, cultural group, etc.)	
PO# (please indicate PO on each page)	

## SECTION TWO – DFSS PROGRAM DESCRIPTION

### A. Program Goals

Counseling Services for Victims of Domestic Violence programs increase safety and enhance well-being for victims (and their children) of intimate partner violence, teen dating violence, and domestic violence by providing triage and ongoing services. Services include but are not limited to immediate supportive crisis counseling, safety planning and education regarding victim rights under the Illinois Domestic Violence Act, and ongoing emotional support and case management.

### B. Target Population

Any Chicago resident (and their children) who has been the victim of intimate partner violence, teen dating violence, or domestic violence as defined under the Illinois Domestic Violence Act is eligible for services. Delegates must be able to offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims.

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## SECTION THREE – REQUIRED CORE PROGRAM ELEMENTS

Delegates must deliver, at a minimum, all of the following services:

- Triage service requests immediately, 24 hours per day, and 7 days per week. Service requests received during non-operating hours must be referred to an agency's own Hotline or the Illinois Domestic Violence Hotline.
- Respond to service requests within 48 hours
- Provide emotionally supportive crisis counseling
- Assist victim to create a safety plan for herself and her children
- Provide an explanation of victim rights and legal protections under the Illinois Domestic Violence Act
- Provide an explanation of how to petition for an Order of Protection
- Create a service plan led by victim stated priorities and goals. Document victim progress towards service plan goals via case notes
- Provide ongoing individual interaction between a 40-hour trained domestic violence worker and victim. These interactions should include at a minimum:
  - Ongoing assessment of victim needs
  - Ongoing referrals to currently needed services, both within the agency and to other service providers
  - Emotional support and guidance
  - Education and information about the dynamics of domestic violence
  - Problem solving and discussion of options
- Provide, where applicable, group counseling facilitated by a trained and qualified counselor
- Coordinate victim care within the agency and with other agencies to expand the range of services available to victim such as legal services, shelter/housing, entitlement income, and medical services
- Advocate on victim's behalf with a third party after execution of necessary release of information. Includes advocacy with DCFS, victim's employer, housing provider, IDHS, etc.
- Create a confidential process for victims to complete a DDV issued Client Outcome Survey (formerly the Evaluation of Services Survey), on paper and a minimum of 75% online. Copies of all paper surveys will be submitted to DDV.
- Provide community education workshops and/or outreach events to educate the public and allied service providers about domestic violence and available services
- Accept referrals from and provide referrals to the Illinois Domestic Violence Hotline
- Respond to inquiries from the Illinois Domestic Violence Hotline to update service profile
- Offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims
- Maintain victim confidentiality as defined in the Violence Against Women Act confidentiality provision.

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- Report changes in staff, staff hours, agency operating hours, agency and program location  
Ensure that all staff providing services listed in this Scope of Services have, at minimum:
  - Earned a 40 Hour Domestic Violence training certificate from an accredited training provider; and
  - Experience providing services to victims of domestic violence, intimate partner violence, and teen dating violence.

## SECTION FOUR – PERFORMANCE MEASURES

To track progress towards achieving the stated program goals in Section Two and to assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- Percentage of clients who are offered all the following triage services, regardless of whether the client accepts one or more of the services:
  - I. Emotionally supportive crisis counseling
  - II. Safety planning with victim to keep herself and her family safer
  - III. Explanation of the legal rights and protections available to them under the Illinois Domestic Violence Act; and  
Information and explanation on how to file for an Order of Protection
- Percentage of newly enrolled clients who develop a service plan with the assistance of their worker
- Percentage of clients who show progress towards at least one goal on the service plan
- Percentage of adult clients who complete an Evaluation of Services Survey
- Percentage of clients who know more ways to plan for their safety
- Percentage of clients who feel supported by program staff in making their own decisions
- Percentage of clients who understand that they are not responsible for the abuse

### **Data Reporting**

Delegate agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data from a format specified by DFSS.

Delegate agency agrees to the following reporting requirements:

- Quarterly Reports detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format will be provided.

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- InfoNet data detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format is the InfoNet database.
- Monthly Meetings with DFSS staff, if required.
- Narratives in the quarterly report that may highlight a particular case or services provided to victims of domestic violence, intimate partner violence, and teen dating violence that demonstrate value in the ongoing services or a gap in services.

### **Uses of Data**

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

### **Meetings**

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a) Monitor progress, highlight accomplishments, and identify concerns.
- b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and
- c) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the DFSS Deputy Commissioner for Domestic Violence, or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.



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## SECTION FIVE –PLANNED ACTIVITIES

Please complete the **HIGHLIGHTED CELLS** to indicate the program's planned activities for the contract period.

<b>A.</b>	ENROLL CLIENTS via starting an intake or needs assessment form. Form must be signed and dated by client and worker to verify client enrollment unless services are provided remotely. Remote clients must be documented in your files with an InfoNet number.					
		Q1	Q2	Q3	Q4	Total
1a.	Number of intimate partner violence ( <b>IPV</b> ) <b>adults</b> carried over from Q4 2020 to Q1 2021					
1b.	Number of <b>non-IPV adults</b> carried over from Q4 2020 to Q1 2021					
1c.	Number of <b>IPV children</b> carried over from Q4 2020 to Q1 2021					
1d.	Number of <b>non- IPV children</b> carried over from Q4 2020 to Q1 2021					
2a.	Number <b>IPV adults</b> newly enrolled in 2021					
2b.	Number of <b>non-IPV adults</b> newly enrolled in 2021					
2c.	Number of <b>IPV children</b> newly enrolled in 2021					
2d.	Number of <b>non-IPV children</b> newly enrolled in 2021					
3.	Total number <b>carried over</b>					
4.	Total number <b>newly enrolled</b>					
5.	Total number of <b>adults</b> served					
6.	Total number of <b>children</b> served					
7.	<b>Total</b> number served					
	PO# (please indicate PO on each page)					
<b>PERFORMANCE MEASURE</b> Achieved total clients will equal at least 90% of total predicted enrollment						

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<b>B.</b>	<b>PROVIDE TRIAGE SERVICES</b>	Q1	Q2	Q3	Q4	Total
	Triage services may include some or all the following as needed: a) emotionally supportive crisis counseling b) safety planning c) information and explanation of victim rights available under the Illinois Domestic Violence Act d) information and explanation on how to file for an Order of Protection					
<b>PERFORMANCE MEASURE</b>						
100% of newly enrolled clients (adults and children) will receive triage services						
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<b>C.</b>	<b>PROVIDE COUNSELING</b> through the development of a service plan created by the client and the worker	Q1	Q2	Q3	Q4	Total
1.	Number of newly enrolled clients who develop a service plan consisting of at least one measurable goal with a target accomplishment date					
2.	Number of clients who show progress towards at least one goal listed on the service plan					
3.	Number of <b>clients</b> receive individual supportive counseling					
4.	Number of individual supportive counseling <b>sessions</b> held for clients					
a.	Number of individual counseling sessions held in-person					
b.	Number of individual counseling sessions held remotely (phone or video call)					
5.	Number of group counseling sessions held for clients					
6.	Number of clients receiving intervention with DCFS, client's employer, housing provider, IDHS, etc.					
<p style="text-align: center;"><b>PERFORMANCE MEASURE</b> 75% of newly enrolled clients (adults and children) will develop a service plan in collaboration with their worker</p>						
<p style="text-align: center;"><b>PERFORMANCE MEASURE</b> 60% of clients who develop a service plan will show progress towards at least one goal listed on the service plan</p>						
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<b>D.</b>	<b>CLIENT OUTCOME SURVEYS</b> (adult clients only)	Q1	Q2	Q3	Q4	Total
1.	a. Number of adult clients completing the Client Outcome paper survey					
	b. Number of adult clients completing the Client Outcome online survey.					
2.	Number of surveys that indicate the client strongly or somewhat agreed with <b>A.2</b> of the survey, indicating that she was helped to find many ways to keep her safer					
3.	Number of surveys that indicate the client strongly or somewhat agreed with <b>B.2</b> of the survey, indicating that staff was supportive of her decision making.					
4.	Number of surveys that indicate the client strongly or somewhat agreed with <b>C.2</b> of the survey, indicating that the client knows she is not responsible for the abuse.					
<b>PERFORMANCE MEASURE</b> 50% of clients will complete a Client Outcome Survey.						
<b>PERFORMANCE MEASURE</b> 75% of surveys completed will be completed online.						
<b>PERFORMANCE MEASURE</b> 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with <b>A.2</b> of the survey						
<b>PERFORMANCE MEASURE</b> 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with <b>B.2</b> of the survey						
<b>PERFORMANCE MEASURE</b> 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with <b>C.2</b> of the survey						
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<b>E.</b>	<b>PROVIDE COMMUNITY EDUCATION / AWARENESS WORKSHOPS ON DOMESTIC VIOLENCE</b> presented by program staff	Q1	Q2	Q3	Q4	Total
1.	Number of community education / awareness workshops on domestic violence presented by delegate					
2.	Number of total expected participants					
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Please review the **Required Core Program Elements in Section 3** and **Performance Measures in Section 4**. Please describe activities to be performed to address the needs of the target population and achieve Performance Measures, focusing on activities not captured in the listed Core Elements.

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Please describe how your program has been required to adapt during the 2020 Covid-19 pandemic. Please provide an outline on how you will continue service delivery in 2021. Please also address how your referral sources and outreach efforts have changed, and how the number of victims you serve under this contract has changed from your 2020 contract.

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SECTION SIX –PROGRAM FUNDING

Please list all funding sources that comprise the other share listed in your program budget. Total of this chart should equal the other share listed in the program budget.	
\$ AMOUNT	FUNDING SOURCE
\$	TOTAL

PO# (please indicate PO on each page)	
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SECTION SEVEN –REQUIRED ADDITIONAL DOCUMENTATION

The Division on Domestic Violence requires the following documentation to be submitted to [meera.raja@cityofchicago.org](mailto:meera.raja@cityofchicago.org) within 30 days of the contract start date:

1. Current **job description** for every staff person providing services to victims of domestic violence in this program. A job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Job descriptions should follow the format of the job description posted along with other contract documents at:  
[www.cityofchicago.org/fsscontracts](http://www.cityofchicago.org/fsscontracts)
2. Current **resume** for every staff person providing services to victims of domestic violence in this program. A resume should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
3. **Proof of 40-hour domestic violence training** from an accredited training provider for every staff person providing services to victims of domestic violence in this program. Proof of training should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's



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salary. Proof of training is required regardless of staff's other professional training, certificates, and education.

**Failure to submit these documents will result in an audit finding against the program.**


## SECTION EIGHT –DDV DELEGATE GUIDEBOOK

The Division on Domestic Violence has created a guidebook to provide additional instruction and information on program requirements. The 2021 guide is available at: [www.cityofchicago.org/fsscontracts](http://www.cityofchicago.org/fsscontracts)

**Please review this guide as it is part of your contract.**

## SECTION NINE –SUBMITTAL AND APPROVAL

### CERTIFICATIONS:

 By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services.

### SUBMITTAL AND APPROVAL

Applicant signature in blue:	
Name typed:	
Title:	
Date of signature:	
DDV staff signature:	
Title:	
Date approved:	
PO# (please indicate PO on each page)	